

Respond to:



May 22, 2006

Darrell James Hill
c/o PO Box 40475
Mesa, Arizona [85274]

DARREL JAMES HILL



2006-008777

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05/22/2006 02:49P
13.00

Gila County, AZ

MISC



**NOTICE TO PRINCIPAL IS NOTICE TO AGENT
NOTICE TO AGENT IS NOTICE TO PRINCIPAL**

**NOTICE: Filing of Request for Withdrawal of Application – Form SSA-521,
and Setoff of Account No. [REDACTED]**

Address to:

| | |
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| Alberto R. Gonzales Attorney General, Department of Justice 950 Pennsylvania Avenue, NW Washington, D.C. 20530-0001 CMN 7003 3110 0001 3436 3760 | Russell Nelson (#86-18005), Revenue Officer Department of the Treasury Bureau, Internal Revenue Service M/S 5117TEM 40 W. Baseline, Road, Ste. 213 Tempe, Arizona, 85283 CMN 7003 3110 0001 3436 3791 |
| Norman Y. Mineta, Secretary of Transportation U.S. Department of Transportation 400 7 th Street, S.W. Washington, D.C. 20590 CMN 7003 3110 0001 3436 3777 | Kurt Kuxhausen (#86-01586), Revenue Agent (Compliance) Department of the Treasury Bureau, Internal Revenue Service PO Box 2148 Grand Junction, Colorado 81502 CMN 7004 2510 0004 3669 5987 |
| Jan Brewer, Secretary of State Arizona 1700 West Washington Street Capitol Executive Tower, 7 th Floor Phoenix, Arizona 85007-2888 CMN 7003 3110 0001 3436 3784 | Angela Camouche (#86-16575), Settlement Officer Department of the Treasury Bureau, Internal Revenue Service PHX Office 210 East Earll Drive Phoenix, Arizona 85012 CMN 7003 3110 0001 3436 3876 |
| Carlos M. Gutierrez, Secretary U.S. Department of Commerce 14 th & Constitution Avenue NW Room 5516 Washington, D.C. 20230 CMN 7003 3110 0001 3436 3807 | Mary Brown, Appeals Team Leader Department of the Treasury Bureau, Internal Revenue Service PHX Office 210 East Earll Drive Phoenix, Arizona 85012 CMN 7003 3110 0001 3436 3883 |
| Condoleezza Rice, U.S. Secretary of State U.S. Department of State 2201 C Street N.W. Washington, D.C. 20520 CMN 7003 3110 0001 3436 3814 | Arvid Koppang (#84-01868), Examining Group Manager Department of the Treasury Bureau, Internal Revenue Service PO Box 2148 Grand Junction, Colorado 81502 CMN 7003 3110 0001 3436 3890 |



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| J. Russell George, Inspector General For Tax Administration Tax Administration 1125 15 th Street, N.W. Washington, D.C. 20005 CMN 7003 3110 0001 3436 3821 | Donald L. Korb, IRS Chief Counsel Department of the Treasury Bureau, Internal Revenue Service 1111 Constitution Avenue, Room # 3026 Washington, D.C. 20224 CMN 7003 3110 0001 3436 3906 |
| Paul K. Charlton, United States Attorney Room 4000 230 N 1st Ave Phoenix, AZ 85025-0230 CMN 7003 3110 0001 3436 3913 | Scot Prentky, Field Director, Compliance Service Department of the Treasury Bureau, Internal Revenue Service Ogden, Utah 84201-0030 CMN 7003 3110 0001 3436 3920 |
| Gale Garriott, Director State of Arizona Department of Revenue 1600 West Monroe Street Phoenix, Arizona 85007-2650 CMN 7003 3110 0001 3436 3937 | Curtis Pett, Attorney Tax Division, Appellate Section, U.S. Department of Justice PO Box 502 Washington, D.C. 20044 CMN 7003 3110 0001 3436 3944 |
| Dennis Parizek (#29-61699) Operations Manager, Exam SC Support Department of the Treasury Bureau, Internal Revenue Service 1973 North Rulon White Blvd. Ogden, Utah 84404-0040 CMN 7003 3110 0001 3436 3951 | Shauna Henline, Technical Advisor, Frivolous Return Program Department of the Treasury Bureau, Internal Revenue Service Mail Stop 4390 105-East 23 rd Street Ogden, Utah 84401 CMN 7003 3110 0001 3436 3968 |

**In re: Filing of Request for Withdrawal of Application – Form SSA-521,
and Setoff of Account No. [REDACTED]**

Dear Messrs. Gonzales, Mineta, Gutierrez, Korb, Nelson, Kuxhausen, Koppang, George, Charlton, Parizek, Prentky, Pett, Ms. Brewer, Ms. Rice, Ms. Carmouche, Ms. Brown, Ms. Garriott, Ms. Henline

You and your agents are hereby notified that I, a man, above signed, appearing as Darrell James Hill, have properly filed a SSA-521 Form with the Social Security Administration, on May 22, 2006. As such, I have effectively rebutted any and all presumptions as to my status and receipt of limited liability insurance benefits. I have further, by this filing, provided notice to the world at this time of application I was not capable of contract. See SSA-521 attached hereto. In addition, I am providing notice that I am operating under my full commercial liability, having no parity with any government agency, I.R.S., U.S. District Court, etc.

Additionally, you will find enclosed a true copy of the correspondence I have sent to Mr. Mendez, the Secretary of the Treasury in San Juan, Puerto Rico, regarding account 274 64 9172. Demand has been made upon Mr. Mendez, for set off in the nature of UCC § 3-501 and to zero balance the account. I fully expect that Mr. Mendez being an honorable man, will comply with my instructions upon receipt of same.

Gila County, AZ

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13.00

This being the case, demand is now made upon each of you, and your agents, to correct any and all records to properly reflect my status, and immediately cease and desist any and all civil and/or criminal prosecution/investigations with regards to Darrell James Hill, DARRELL JAMES HILL and/or DARRELL J. HILL and/or DJ HILL.

Thank you in advance for your prompt attention to this matter.

Enclosed: SSA-521 Filed May 22, 2006

Demand for Setoff Letter to Mr. Mendez, dated May 22, 2006 with attachments

SOCIAL SECURITY ADMINISTRATION

Gila County, AZ

MISC
TUE 4/20
13.00Do not write in this space
MESA, ARIZONA

REQUEST FOR WITHDRAWAL OF APPLICATION

IMPORTANT NOTICE.— This is a request to cancel your application. If it is approved, the decision we made on your application will have no legal effect, all rights attached to an application, including the rights of reconsideration, hearing, and appeal will be forfeited, and any payments we made to you or anyone else on the basis of that application will have to be returned. You must then reapply if you want a determination of your Social Security rights at any time in the future but any subsequent application may not involve the same retroactive period. This procedure is intended to be used only when your decision to file has resulted, or will result, in a disadvantage to you. Your local Social Security office will be glad to explain whether, and how, this procedure will help you.

NAME OF WAGE EARNER, SELF-EMPLOYED INDIVIDUAL, OR ELIGIBLE INDIVIDUAL

DARRELL JAMES HILL

PRINT YOUR NAME (First name, middle initial, last name)

SOCIAL SECURITY NUMBER

DATE OF APPLICATION
1958

TYPE OF BENEFIT

Darrell James Hill

TYPE OF APPLICATION
SS-5

N/A

I hereby request the withdrawal of my application, dated as above, for the reasons stated below. I understand that (1) this request may not be cancelled after 60 days from the mailing of notice of approval; and (2) if a determination of my entitlement has been made, there must be repayment of all benefits paid on the application I want withdrawn, and all other persons whose benefits would be affected must consent to this withdrawal. I further understand that the application withdrawn and all related material will remain a part of the records of the Social Security Administration and that this withdrawal will not affect the proper crediting of wages or self-employment income to my Social Security earnings record.

Give reason for withdrawal. (If you need more space, use the reverse of this form.)

1. I intend to continue working. (I have been advised of the alternatives to withdrawal for applicants under full retirement age and still wish to withdraw my application.)

2. Other (Please explain fully): I, Darrell James Hill, nunc prot tunc, a living breathing man, make this Rescission, Termination, Rejection and Waiver of Benefits voluntarily, freely and with Reservation of Rights and Defenses Without Prejudice, and state: At the

 Continued on reverse

SIGNATURE OF PERSON MAKING REQUEST

Signature (First name, middle initial, last name) (Write in ink)

SIGN
HEREDate (Month, day, year)
22 May 2006Telephone Number (include area code)
N/AMailing Address (Number and Street, Apt. No., P.O. Box, or Rural Route)
c/o P.O. Box 40475City and State
Mesa, ArizonaZIP Code
(85274)Enter Name of County (if any) in which you now live
Maricopa

Witnesses are required ONLY if this request has been signed by mark (X) above. If signed by mark (X), two witnesses to the signing who know the person making the request must sign below, giving their full addresses.

1. Signature of Witness

2. Signature of Witness

Address (Number and Street, City, State and ZIP Code)

Address (Number and Street, City, State and ZIP Code)

FOR USE OF SOCIAL SECURITY ADMINISTRATION

 APPROVED NOT APPROVED
BECAUSE BENEFITS NOT
REPAID CONSENT(S) NOT
OBTAINED OTHER (Attach special
determination)

SIGNATURE OF SSA EMPLOYEE

TITLE

 CLAIMS
AUTHORIZER OTHER (Specify)

DATE



Additional Remarks:

Gila County, AZ

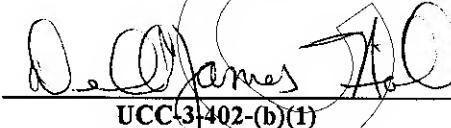
MISC

13.00

time of application for benefits, SS-5 form, I was not capable of Contract, having no knowledge of terms and conditions, reciprocity requirements, etc., of the SS-5. Said SS-5 being unconscionable, provides no equal exchange of consideration, and cannot be made valid for lack of consideration. The SS-5 being an adhesion contract fails on its face, setting forth no terms, no conditions, no reciprocity requirements, and is therefore unconscionable and ultra vires.

Whereas, I, Darrell James Hill, nunc pro tunc, Rescind, Terminate, Reject, Forfeit and Waive any and all benefits arrived therefrom. I notice that any and all funds extracted from DARRELL JAMES HILL, aka DARRELL J. HILL by the Social Security Administration, its agents or principals, were done so under fraudulent pretenses, inducement of fraud, etc., and that Darrell James Hill is the rightful owner of all such interpledged funds as Darrell James Hill is a secured party to DARRELL JAMES HILL, aka DARRELL J. HILL and that any such funds are not bail in fact under any Trading with the Enemy Act Doctrine.

Whereas I, Darrell James Hill, nunc pro tunc, state for the Record, that I am not a U. S. Citizen, a 14th Amendment citizen, a UN citizen, STATE OF ARIZONA citizen, nor any citizen at all, but am a de jure man on the land, first appearing as Darrell James Hill on the 20th day November month, 1958 at Summit County, Ohio republic, and I deny any fiduciary duty and/or liability for DARRELL JAMES HILL and/or DARRELL J. HILL.


UCC 3-402-(b)(1)

We may also use the information you give us when we match records by computer. Matching programs compare our records with those of other Federal, State, or local government agencies. Many agencies may use matching programs to find or prove that a person qualifies for benefits paid by the Federal government. The law allows us to do this even if you do not agree to it.

Explanations about these and other reasons why information you provide us may be used or give out are available in Social Security Offices. If you want to learn more about this, contact any Social Security Office.

Paperwork Reduction Act Statement - This information collection meets the requirements of 44 U.S.C. § 3507, as amended by Section 2 of the Paperwork Reduction Act of 1995. You do not need to answer these questions unless we display a valid Office of Management and Budget control number. We estimate that it will take about 5 minutes to read the instructions, gather the facts, and answer the questions. **SEND THE COMPLETED FORM TO YOUR LOCAL SOCIAL SECURITY OFFICE**. The office is listed under U. S. Government agencies in your telephone directory or you may call Social Security at 1-800-772-1213. You may send comments on our time estimate above to: SSA, 1338 Annex Building, Baltimore, MD 21235-0001. Send only comments relating to our time estimate to this address, not the completed form.